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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/591,953			ing Date 08/2006	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A			
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A	一	N/A		ı	N/A		1	N/A			
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		l	N/A		1	N/A			
	FAL CLAIMS CFR 1.16(i))		minus 20 =				1	x \$ =		OR	x s =			
IND (37	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			•		x \$ =		1	x \$ =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawin sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]				
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL			
	APP	OED – Pa		OTHER THAN SMALL ENTITY OR SMALL ENTITY										
AMENDMENT	01/14/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.18(i))	· 14	Minus	~ 20		= 0		x \$ =		OR	X \$52=	0		
	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0	1	x \$ =		OR	X \$220=	0		
	Application Size Fee (37 CFR 1.16(s))													
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0		
(Column 1) (Column 2) (Column 3)														
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,16(i))		Minus					x \$ =		OR	x \$ =			
Σ	Independent (37 CFR 1,16(h))	*	Minus	*				x \$ =		OR	x \$ =			
	Application Size Fee (37 CFR 1.16(s))									1				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
										OR	TOTAL ADD'L FEE			
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For "N THIS SPACE is less than 2, enter "20". * If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". * If Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.													

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